

1743

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH		
County <u>Yuma</u> District <u>Yuma</u> Town <u>Yuma</u> Or City <u>Yuma</u>			BUREAU OF VITAL STATISTICS		State Index No. <u>554</u> County Registered No. <u>260</u> Local Registrar's No. <u>9</u>
ORIGINAL CERTIFICATE OF DEATH					
No. _____ St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)					
FULL NAME <u>Jesus Alcala</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Male</u>	Color or Race <u>White</u> <small>White Indian Black Chinese Mexican</small>	SINGLE <u>MARRIED</u> <small>WIDOWED or DIVORCED</small>	DATE OF DEATH <u>Apr 28</u> 191 <u>5</u> <small>(Month) (Day) (Year)</small>		
DATE OF BIRTH <u>Apr 17</u> 191 <u>5</u> <small>(Month) (Day) (Year)</small>			I hereby certify, that I attended deceased from <u>Apr 25</u> 191 <u>5</u> to <u>Apr 25</u> 191 <u>5</u> ; that I last saw h... alive on <u>Apr 25</u> 191 <u>5</u> , and that death occurred on the date stated above at <u>4 P.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Quintia</u>		
AGE yrs. <u>11</u> mos. <u>11</u> days hrs., or min.			(Duration) yrs. mos. days Was disease contracted in Arizona? _____ If not, where? _____		
OCCUPATION (a) Trade, profession or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____			CONTRIBUTORY <u>congenital defect</u> (Duration) yrs. mos. days (Signed) <u>J.A. Kitchener</u> <u>Apr 28</u> 191 <u>5</u> (Address) <u>Yuma</u>		
BIRTHPLACE (State or country) <u>Yuma</u>			In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. LENGTH OF RESIDENCE _____ At place of death yrs. mos. ds. In Arizona yrs. mos. ds.		
PARENTS	NAME OF FATHER <u>Francisco Alcala</u>		Former or Usual Residence _____		
	BIRTHPLACE OF FATHER (State or country) <u>Mex</u>		Filed <u>Apr 30</u> 191 <u>5</u> <u>Harry A. Hoffmann</u> <small>Local Registrar</small>		
	MAIDEN NAME OF MOTHER <u>Lupe Concepcion</u>		May 5 191 <u>5</u> <u>E.B. Wile</u> <small>County Registrar</small>		
	BIRTHPLACE OF MOTHER (State or country) <u>Mex</u>				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <u>J.A. Kitchener</u>					
(Address) <u>Yuma</u>					
PLACE OF BURIAL OR REMOVAL <u>Yuma</u>		DATE OF BURIAL OR REMOVAL <u>Apr 30</u> 191 <u>5</u>			
FUNERAL TAKER <u>W.C. Johnson</u>		ADDRESS <u>Yuma</u>			